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4

Re Applic of	Rajiv V. Joshi
Docket No.	YOR9-1994-0172-US6
Serial No.	10/749,152
Filing Date	December 31, 2003
Attorney	Jay H. Anderson

Attached: Amendment Transmittal Letter & Response to Final Office Action and  
Submission of Supplemental Declaration

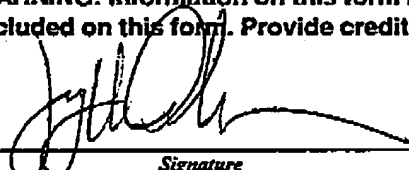
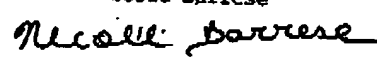
## PLEASE DELIVER TO:

EXAMINER: K.M. Picardat  
ART UNIT: 2822  
PHONE NO: 571-272-1841  
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>YOR9-1994-0172-US6</b>	
Applicant(s): <b>Rajiv V. Joshi</b>					
Application No. <b>10/749,152</b>	Filing Date <b>December 31, 2003</b>	Examiner <b>K.M. Picardat</b>	Customer No. <b>32074</b>	Group Art Unit <b>2822</b>	Confirmation No. <b>1327</b>
Invention: <b>SOFT METAL CONDUCTOR AND METHOD OF MAKING</b>					
<u>COMMISSIONER FOR PATENTS:</u>			<b>RECEIVED CENTRAL FAX CENTER NOV 14 2005</b>		
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	<b>37 -</b>	<b>37 =</b>	<b>0</b>	<b>x \$50.00</b>	<b>\$0.00</b>
<b>INDEP. CLAIMS</b>	<b>7 -</b>	<b>7 =</b>	<b>0</b>	<b>x \$200.00</b>	<b>\$0.00</b>
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					<b>\$0.00</b>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>09-0458</b></p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"><div style="width: 40%; text-align: center;"> _____ <i>Signature</i></div><div style="width: 55%; text-align: right;">Dated: <b>November 11, 2005</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%; border: 1px solid black; padding: 5px;"><b>Jay H. Anderson</b> Registration No. 38,371 Telephone No.: 845-894-3667 Fax No.: 845-892-6363</div><div style="width: 55%; text-align: right;"><b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b> I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: <b>11/14/05</b> Name of Person Making Transmission: <b>Nicole Barrese</b> Signature: </div></div> <div style="margin-top: 20px;">CC: _____</div>					